



City of Fairfax, Virginia  
Accessibility Compliance Form for  
Alterations to Existing Structures



**See the 1996 BOCA National Building Code for specific accessibility requirements.**

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Building Permit Number: \_\_\_\_\_ Date: \_\_\_\_\_

**CHECK APPLICABLE BOX**

- ☐ The accessible route\*, from the building entrance to the primary function area being altered is in full compliance with the accessibility requirements of the 1996 BOCA National Building Code.
- ☐ The cost of providing a fully compliant accessible route\* exceeds 20% of the cost of the proposed alterations to this space. At least 20% of the total project cost will be for ADA compliant features and will include upgrading the following items on the accessible route (see BOCA Section 1110.2.1).

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**\*The accessible route includes restrooms, drinking fountains, and telephones serving the altered area.**

The undersigned, \_\_\_\_\_  
(Print name and title)  
of \_\_\_\_\_  
(Print street address, city, state, and zip code)  
as owner/tenant/designer of this project hereby certifies the content of this certificate.

\_\_\_\_\_  
(Signature of owner/tenant/designer)  
City/County of \_\_\_\_\_ Commonwealth of Virginia  
Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Notary Public \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

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